

U.S. Representative Mike Rogers 3rd District Alabama

Privacy Release Form for Social Security Casework Please print or type:

Part 1. Information about You or the Person Experiencing the Problem						
Full Name: (last)		(first)		(MI)		
Street Address:		City:		State:	Zip:	
Phone: SS Number:		ber:	Date of Birth:			
Part 2. Type of Problem You Are Experiencing						
☐ SSI	Disability	Retirement	Payment Problem		Other	
Part 3. Disabili	ty					
When was the original claim filed?		A	At what SS office?:			
Has a decision been issued? When?: _		Then?:	What was the decision?			
If denied, did you request a hearing? When? Has the hearing been held? When?						
What hearing of	fice has the claim?	Atlanta Bir	rmingham [ham Montgomery		
Has a decision b	een issued? Who	en?:What	was it?	Did you	appeal?	
List your medical problems:						
Are you disabled for a work related injury? yes no Have you received periodic worker's compensation or a worker's compensation settlement? yes no Are you waiting for a worker's compensation settlement? yes no If the answer was yes, please mail a statement from the worker's compensation company giving the dates and amounts of the periodic payments and/or a copy of the settlement. Part 4. Other Problem Please describe your problem. You may use additional sheets if necessary. Please enclose copies of any pertinent						
correspondence.						
Pursuant to the Privacy Act of 1974, I authorize the Social Security Administration to release personal information to Congressman Mike Rogers and/or his staff in order for him to assist me with the above matter.						
Signature:						
	noun, Cherokee, Clay, Cleh ntgomery, Randolph, Talla		If you live in:	Chambers,	Lee, or Russell:	
	gressman Mike Rogers	uega, or ranapoosa	Mail to:	Congressm	an Mike Rogers	
104 112	Federal Building 9 Noble Street histon, AL 36201		11441 601		utive Park Drive	